

Amendments to the Drawings:

The attached sheets of drawings labeled 'Replacement Sheet' include revisions to Figure 19 (now Figure 20) and additional drawing sheets for Figures 19A-H. For convenience, the Replacement Sheets include a complete set of the drawing Figures, and the Replacement Sheets have been renumbered to reflect the addition of Figures 19A-H. A marked-up drawing sheet labeled 'Annotated Marked-up Drawing' indicates in red ink the changes made to Figure 19.

Applicants note that informal drawing sheets for Figures 19A-19H were included with the original filing of the application on December 26, 2001. Formal drawing sheets for Figures 19A-H were inadvertently omitted with the filing of formal figures on January 9, 2003. A complete set of Figures is enclosed with this Response.

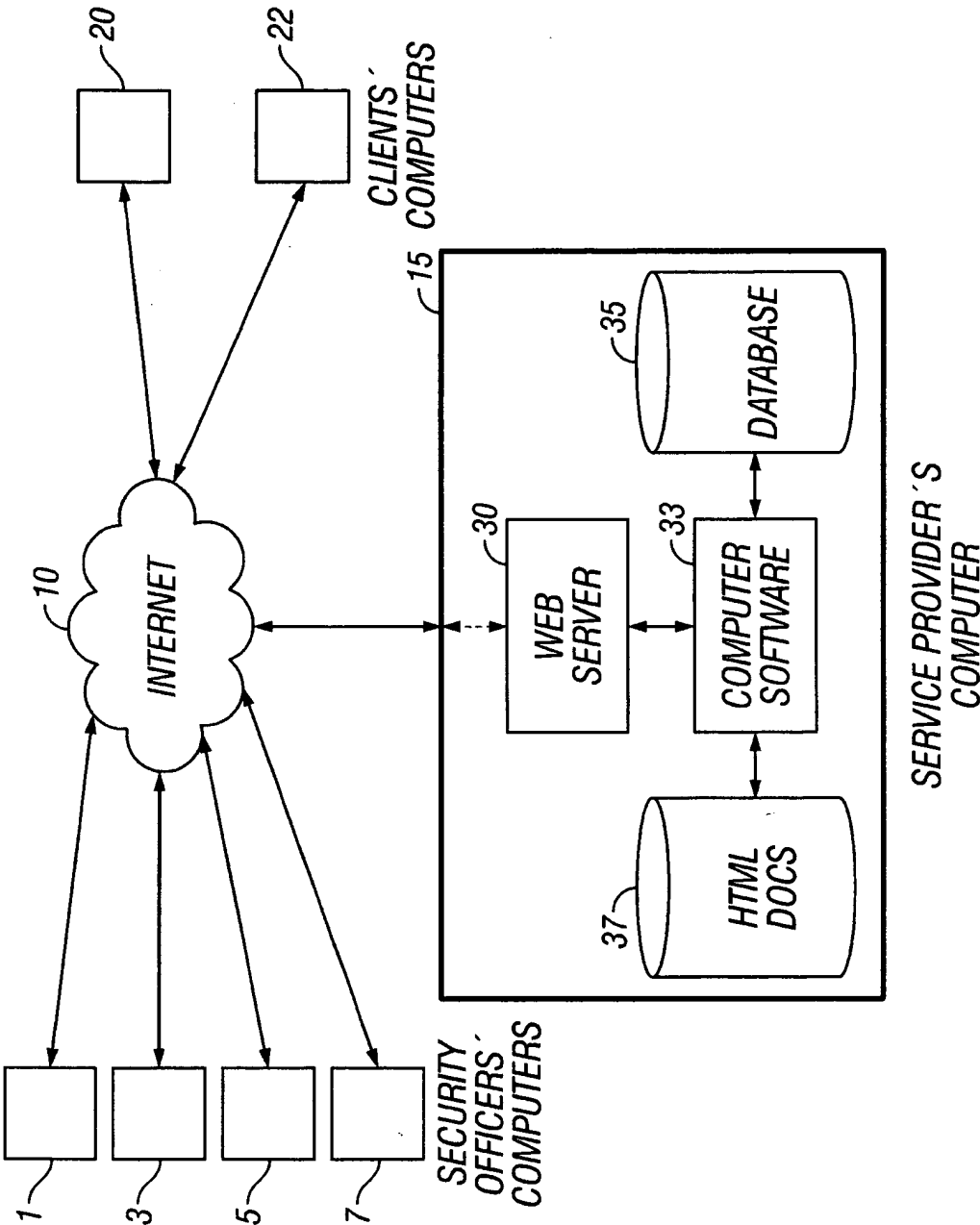


FIG. 1



Terrace Security Corporation
Online Applications Management Console

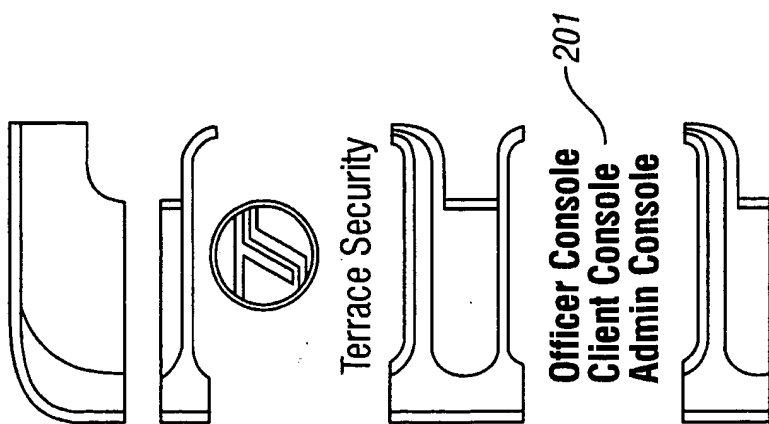


FIG. 2



Terrace Security Corporation
Officer Console

Please enter your badge number and password to continue:

Badge Number 305

Password 310

315

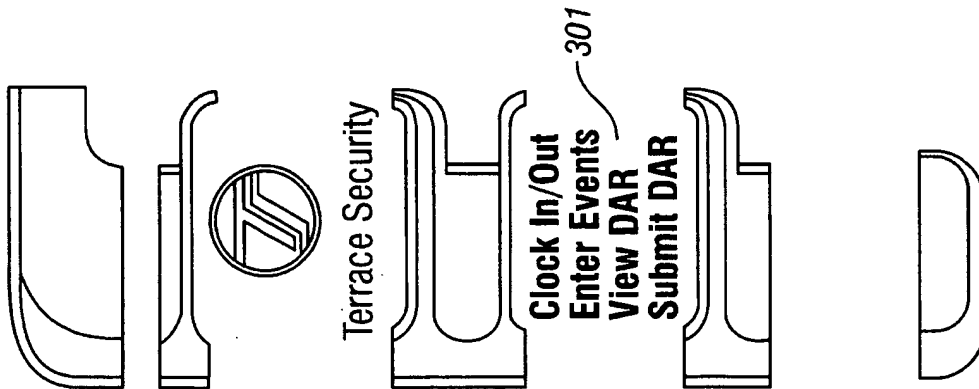


FIG. 3



Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property 420 Time In

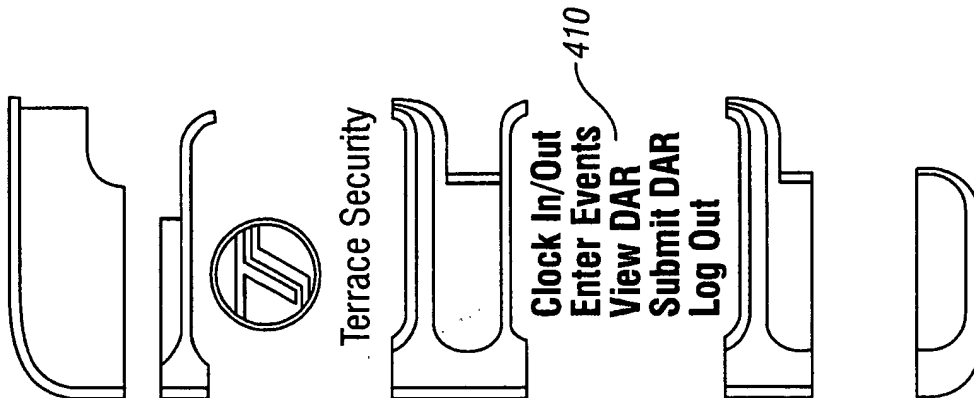
Terrace @ Willowbrook 425

Shift Code 425 Radio Number 430

Comments 435

440
Clock In

FIG. 4





Terrace Security Corporation

Officer Console

460

Open Shifts

461

Time In

465

9:18:26 AM

462

Time Out

463

Shift Code

464

Property

470

Add Event

471

Time Out

472

Time In

473

Event Code

474

1600 - Abandonment of a Child

475

Comments

480

1600 - Abandonment of a Child

490

Comments

495

Add

450

Logged In: Neely, Bernard

455

Enter Event

460

Open Shifts

461

Time In

465

9:18:26 AM

462

Time Out

463

Shift Code

464

Property

470

Add Event

471

Time Out

472

Time In

473

Event Code

474

1600 - Abandonment of a Child

475

Comments

480

1600 - Abandonment of a Child

490

Comments

495

Add

450

Logged In: Neely, Bernard

455

Enter Event

460

Open Shifts

461

Time In

465

9:18:26 AM

462

Time Out

463

Shift Code

464

Property

470

Add Event

471

Time Out

472

Time In

473

Event Code

474

1600 - Abandonment of a Child

475

Comments

480

1600 - Abandonment of a Child

490

Comments

495

Add

FIG. 4A



Replacement Sheet

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TSEC Manager

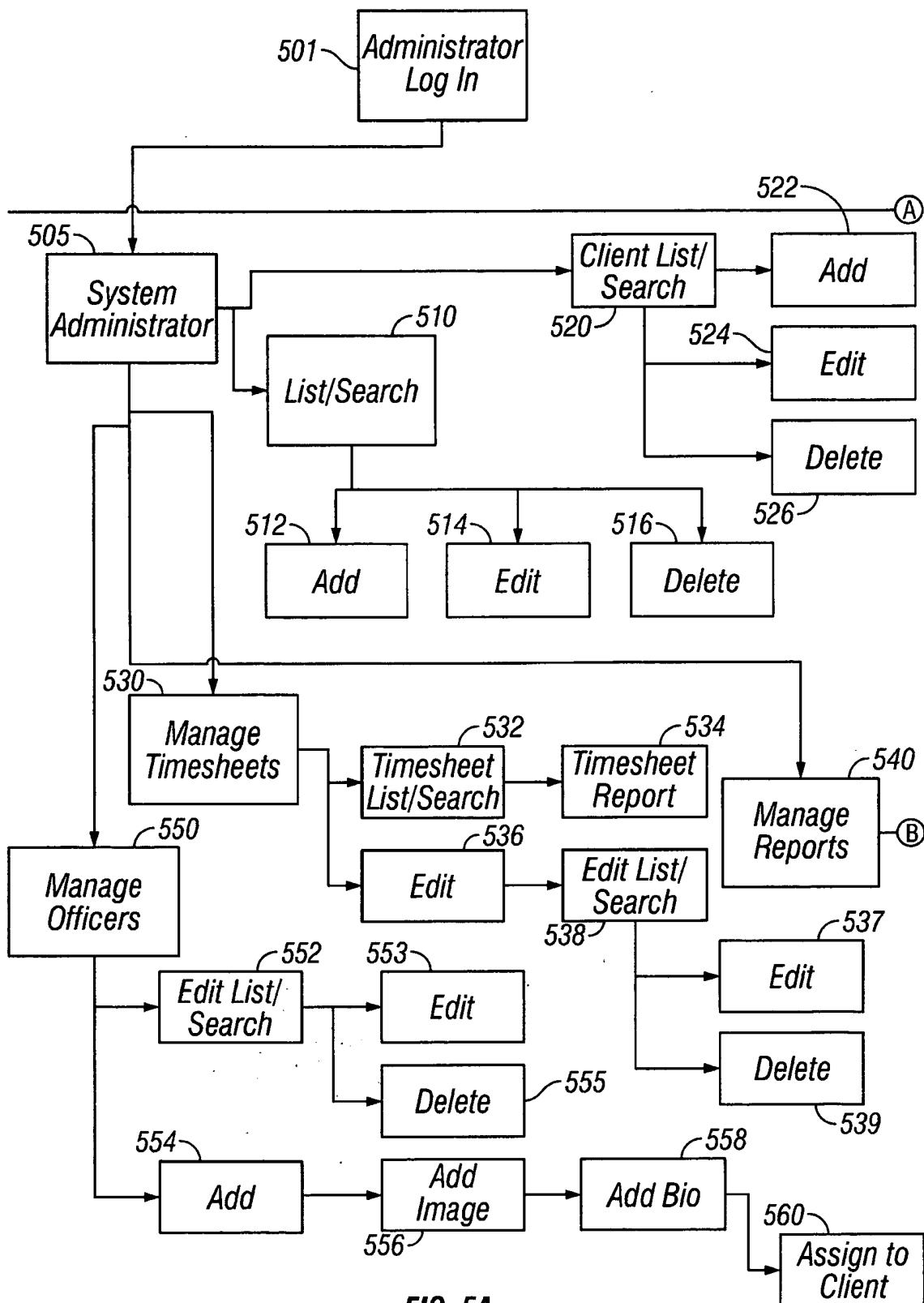
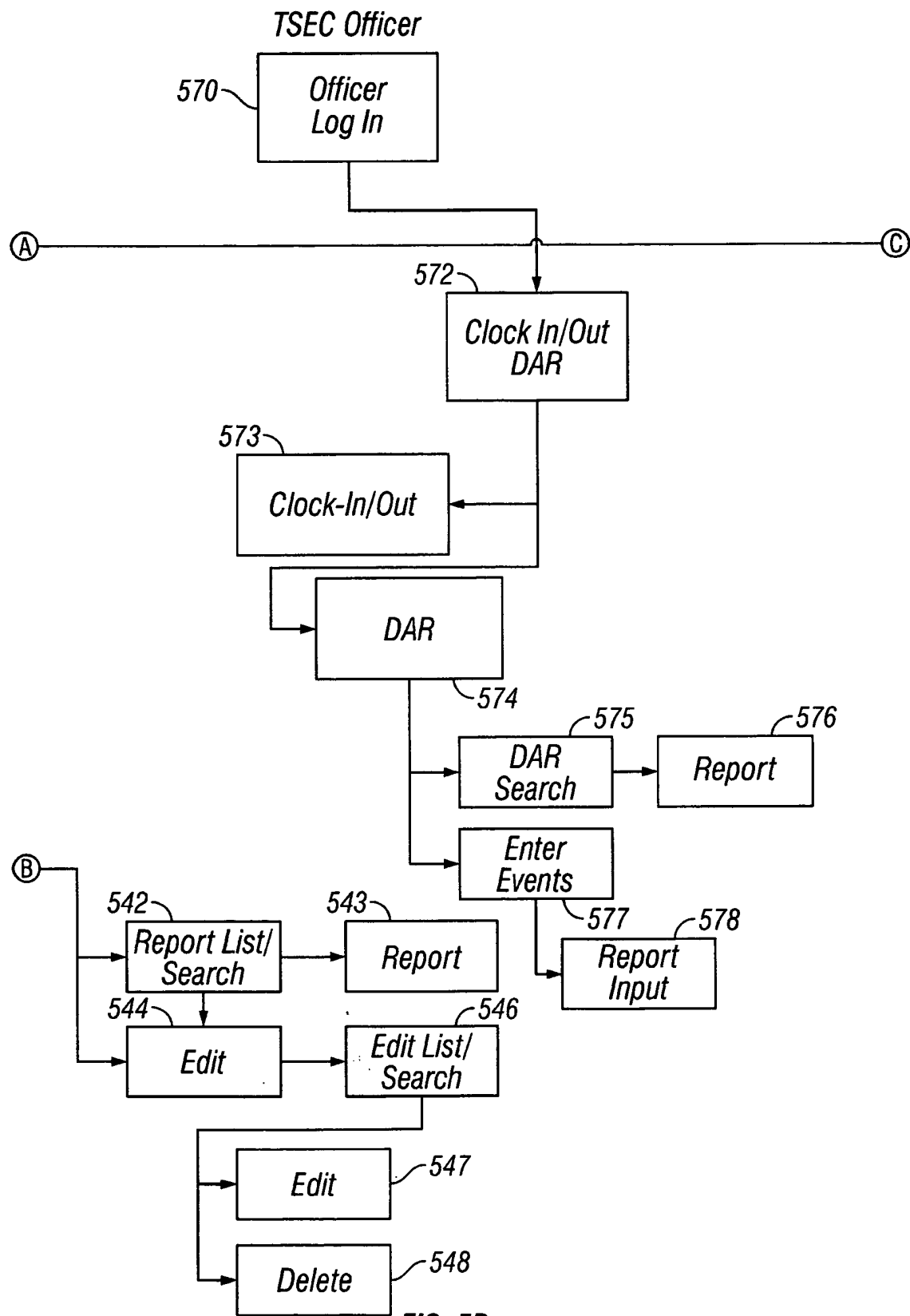


FIG. 5A



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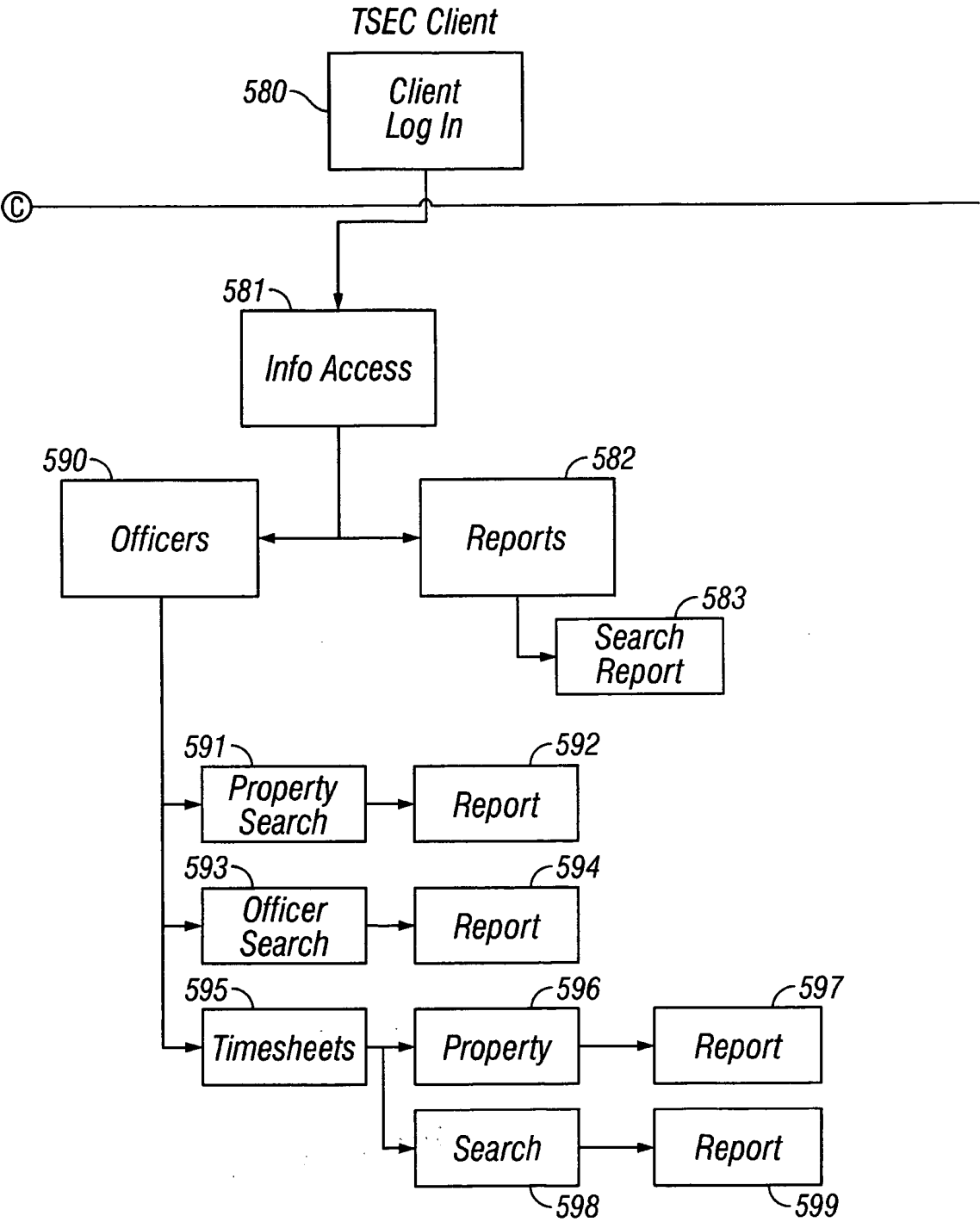


FIG. 5C

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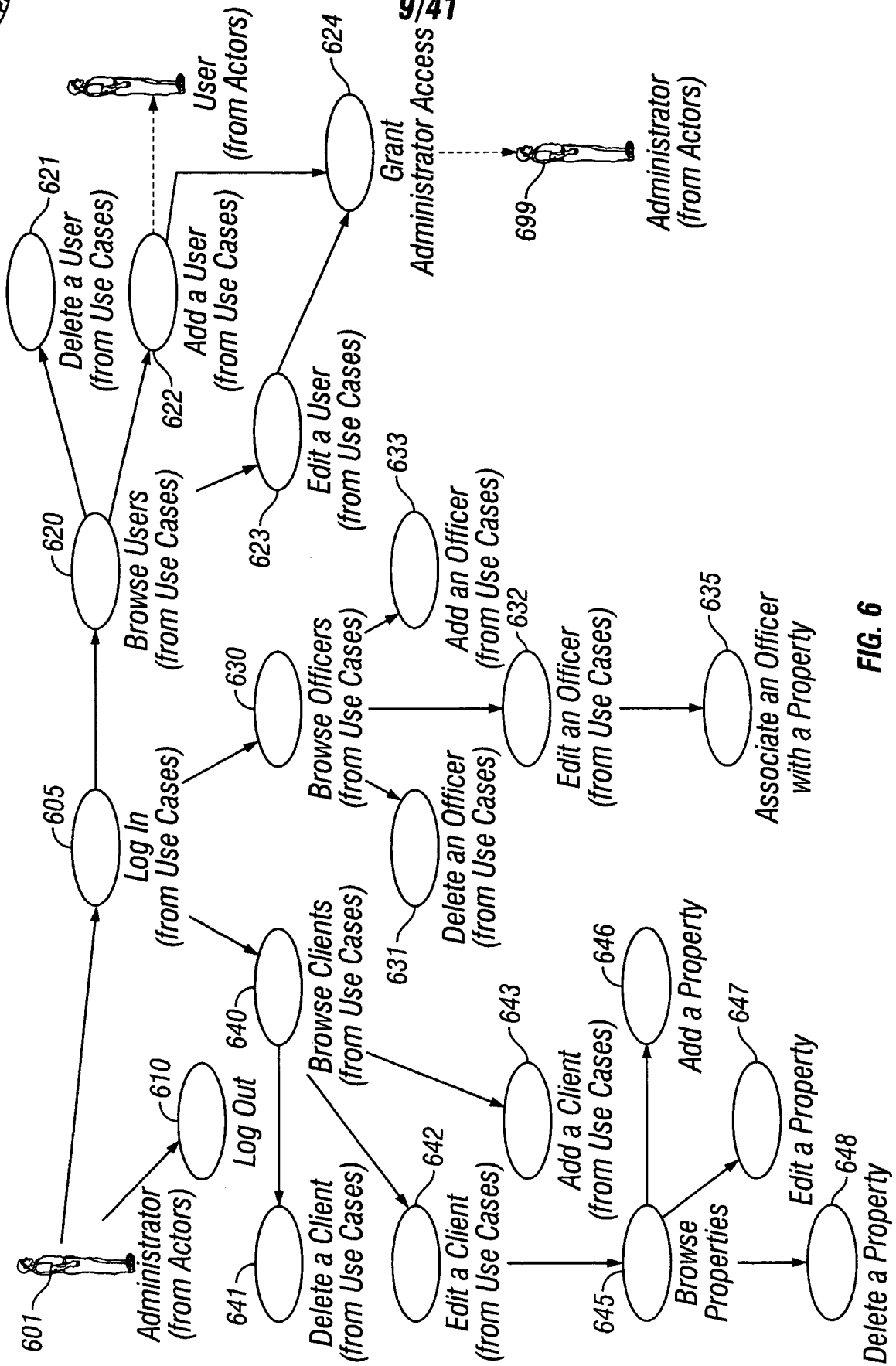


FIG. 6



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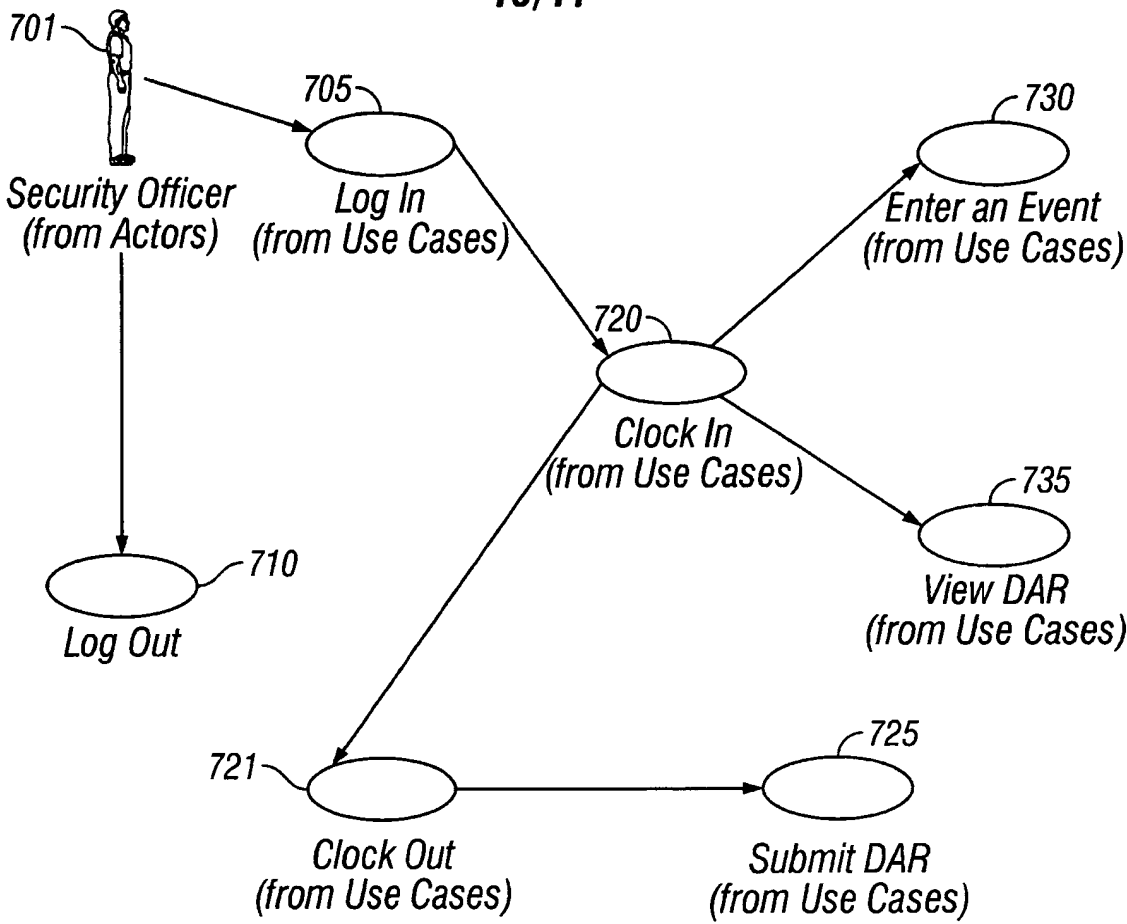


FIG. 7

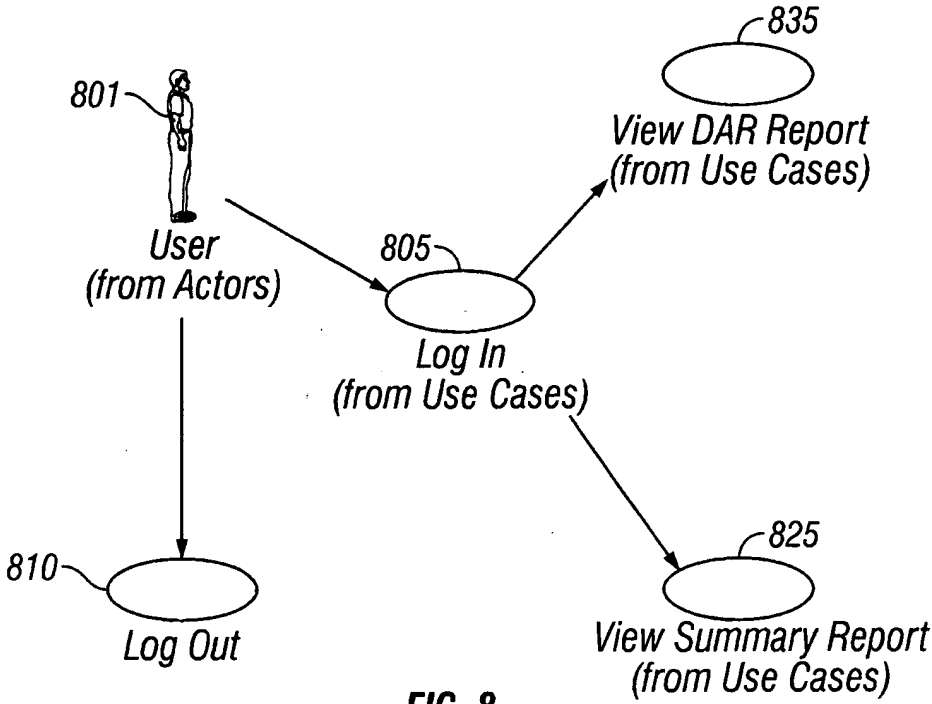


FIG. 8



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Terrace Security Corporation
Online Applications Management Console

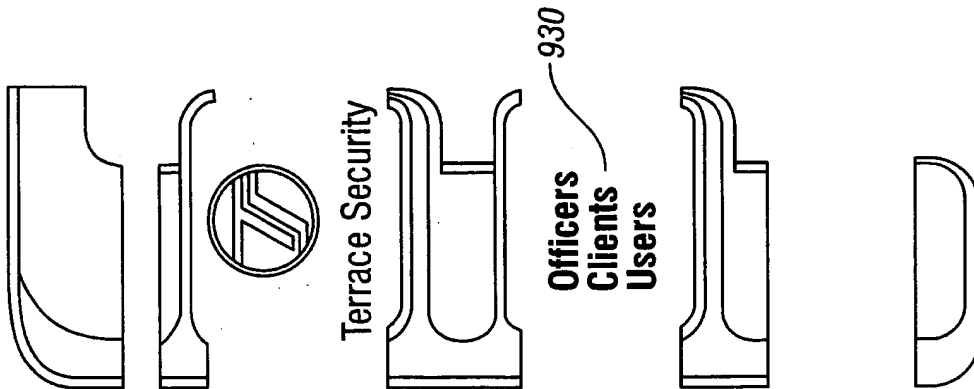
Please enter your UserID and password to continue:

UserID 901

Password 910

920

FIG. 9

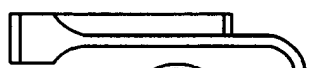
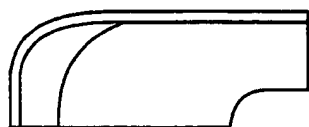


Replacement Sheet

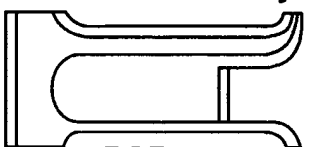


Replacement Sheet

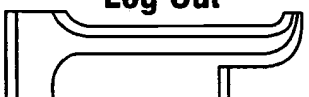
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Terrace Security



DAR
Summary



Log Out

Terrace Security Corporation Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

Shift 1

| | |
|------------------------|------------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 10/12/2000 12:22:12 PM | 10/12/2000 12:22:26 PM |
| Shift Code | Radio Number |
| dg | dfg |
| Comments | |
| dzfgdzg | |

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 1:00:00 AM | 1:00:00 AM | 2906 | dfgdfg | |
| 1:00:00 AM | 1:00:00 AM | 2918 | sdf | |

Shift 2

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 10/12/2000 5:03:26 PM | 10/12/2000 5:03:32 PM |
| Shift Code | Radio Number |
| 123 | 123 |
| Comments | |
| 123 | |

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 2:00:00 AM | 1:00:00 AM | 2927 | 123 | |

Shift 3

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 10/12/2000 5:03:51 PM | 10/12/2000 5:04:54 PM |
| Shift Code | Radio Number |
| 123 | 123 |
| Comments | |
| 12312312312321 | |

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 4:00:00 AM | 3:00:00 AM | 2907 | 123123 | |

FIG. 11A



Replacement Sheet

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Shift 4

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 10/12/2000 5:05:04 PM | 10/12/2000 5:05:08 PM |
| Shift Code | Radio Number |
| sfe | sdf |
| Comments | |
| asdfasd | |

| | | | | |
|---------|----------|------|----------|----|
| Time In | Time Out | Code | Comments | IR |
|---------|----------|------|----------|----|

Shift 5

| | |
|-----------------------|------------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 11/16/2000 8:22:58 PM | 11/17/2000 11:38:04 AM |
| Shift Code | Radio Number |
| Comments | |

| | | | | |
|------------|------------|------|----------|----|
| Time In | Time Out | Code | Comments | IR |
| 1:00:00 AM | 1:00:00 AM | 1607 | | |
| 1:00:00 AM | 1:00:00 AM | 1601 | | |
| 1:00:00 AM | 1:00:00 AM | 1603 | | |
| 1:00:00 AM | 1:00:00 AM | 1603 | | |
| 1:00:00 AM | 1:00:00 AM | 1603 | | |
| 1:00:00 AM | 1:00:00 AM | 1603 | | Y |
| 1:00:00 AM | 1:00:00 AM | 1604 | | |
| 1:00:00 AM | 1:00:00 AM | 1605 | | |

Shift 6

| | |
|------------------------|------------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 11/17/2000 11:38:10 AM | 11/17/2000 11:40:56 AM |
| Shift Code | Radio Number |
| 412 | 234 |
| Comments | |

| | | | | |
|------------|------------|------|----------|----|
| Time In | Time Out | Code | Comments | IR |
| 1:00:00 AM | 1:00:00 AM | 1615 | qwe | |
| 1:00:00 AM | 1:00:00 AM | 1600 | | |

Shift 7

| | |
|------------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 11/17/2000 11:41:05 AM | 11/20/2000 8:01:52 AM |
| Shift Code | Radio Number |
| SDF | asf |
| Comments | |
| xsg | |

| | | | | |
|---------|----------|------|----------|----|
| Time In | Time Out | Code | Comments | IR |
|---------|----------|------|----------|----|



Replacement Sheet

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Shift 8

Guard
Calamari, Manni
Time In
11/20/2000 8:02:02 AM
Shift Code
tewt
Comments
asretae

Post
Memorial City Mall
Time Out
11/21/2000 3:12:03 PM
Radio Number
tet

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 2:03:00 AM | 5:00:00 AM | 1604 | comment | Y |

Shift 9

Guard
Calamari, Manni
Time In
11/21/2000 3:12:18 PM
Shift Code
wer
Comments
erwer

Post
Memorial City Mall
Time Out
11/21/2000 3:17:34 PM
Radio Number
werwer

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 1:00:00 AM | 2:00:00 AM | 1610 | comments | Y |
| 5:00:00 AM | 6:00:00 AM | 1607 | ar | Y |
| 5:00:00 AM | 6:00:00 AM | 1607 | ar | Y |

Shift 10

Guard
Calamari, Manni
Time In
11/21/2000 3:56:21 PM
Shift Code
we
Comments
qr

Post
Memorial City Mall
Time Out
11/21/2000 4:07:48 PM
Radio Number
wet

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------------------|----|
| 1:00:00 AM | 1:00:00 AM | 1607 | comment | Y |
| 8:00:00 AM | 9:00:00 AM | 1604 | | Y |
| 1:00:00 AM | 1:00:00 AM | 1605 | comment goes here... | Y |
| 1:00:00 AM | 1:00:00 AM | 1600 | | Y |
| 1:00:00 AM | 1:00:00 AM | 1600 | | Y |

Shift 11

Guard
Calamari, Manni
Time In
11/21/2000 9:09:58 PM
Shift Code
wr3
Comments
wrwaer
Time In

Post
Memorial City Mall
Time Out
11/22/2000 9:20:43 AM
Radio Number
wer
Time Out

| Code | Comments | IR |
|------|----------|----|
| | | |

FIG. 11C



Replacement Sheet

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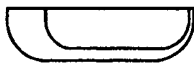
Shift 12

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | property 1 |
| Time In | Time Out |
| 10/12/2000 5:03:38 PM | 10/12/2000 5:03:43 PM |
| Shift Code | Radio Number |
| 123 | 123 |
| Comments | |
| 123123 | |

| | | | | |
|------------|------------|------|----------|----|
| Time In | Time Out | Code | Comments | IR |
| 7:00:00 AM | 6:00:00 AM | 2940 | 12312321 | |

Shift 13

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | property 1 |
| Time In | Time Out |
| 11/22/2000 9:21:02 AM | 11/22/2000 9:24:03 AM |
| Shift Code | Radio Number |
| 1234 | 12345 |
| Comments | |
| comment goes here | |



| | | | | |
|------------|------------|------|-----------------------------------|----|
| Time In | Time Out | Code | Comments | IR |
| 1:00:00 AM | 1:00:00 AM | 1601 | comments for the event go here | Y |

FIG. 11D



Replacement Sheet

17/41

1210

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

| Last Name | First Name | Badge # | Bio |
|---|------------|---------|---------------|
| <input checked="" type="radio"/> Calamari | Manni | 111 | Cobol Teacher |
| <input type="radio"/> Melancon | Robb | 555 | |
| <input type="radio"/> Officer | New | 999 | |
| <input type="radio"/> Samson | Freddie | 333 | editreee |
| <input type="radio"/> Waggoner | Ian | 19 | Me |
| <input type="radio"/> Whipple | Steve | 222 | |

1230

Delete Selected Officer

1220

Edit Selected Officer > >

~OR~

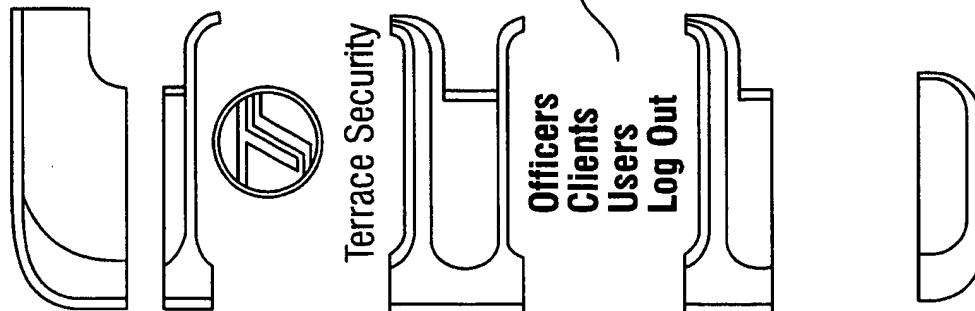
1240

Add New Officer

FIG. 12



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Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Client Admin

| Client Name | Contact Name | Phone | Email |
|--|--------------|--------------------|-------------|
| <input checked="" type="radio"/> MetroNational Properties: property 1, new property-edited, new property 2, new property 3-edited | Jeff Jarvis | 718-207-4400 x7184 | jjarvis@ |
| <input type="radio"/> General Growth Partners Properties: Memorial City Mall, Deerbrook Mall, Property 3 | First Name | 555-555-5555 | first@first |
| <input type="radio"/> GMH Capital Properties: | | | |

1330
Delete Selected Client

1320
Edit Selected Client > >

~OR~

1340
Add New Client

FIG. 13



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Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

User Admin

| Last Name | First Name | User ID | Admin |
|--|------------|---------|-------|
| <input checked="" type="radio"/> Borgman | Steve | steve | Yes |
| <input type="radio"/> Hays | Wayne | wayne | Yes |
| <input type="radio"/> Madison | Carmen | carm | Yes |
| <input type="radio"/> Marcis | Doug | doug | Yes |
| <input type="radio"/> Michaels | Bob | bob | Yes |
| <input type="radio"/> Vanderbilt | Arthur | arthur | Yes |
| <input type="radio"/> Waggoner | Ian | ian | Yes |
| 1430 | | | |
| Delete Selected User | | | |

1420
Edit Selected User > >

~OR~

1440
Add New User

FIG. 14



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Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

TSC Case #
8

HPD Case #

Incident Code/Type
1605 - Aggravated Robbery
Location

Date/Time Reported

12 ▾ / 30 ▾ / 2000 ▾

Date/Time Occurred

12 ▾ / 30 ▾ / 2000 ▾

12 ▾ : 00 ▾

☒ AM ☐ PM

12 ▾ : 00 ▾

☒ AM ☐ PM

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

MI

☒ SU ☐ C ☐ W

FIG. 15A



Replacement Sheet

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| | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---------------------------|--------------------------|--------------------------|---------------------------|--------------------------|---------|------------|------------------|----|------|------|----|---|----|---|---|----|---|----|--------------------------|
| Residence Phone | | Business Phone | | DOB | 12 | ▼ | / | 30 | ▼ | / | 2000 | ▼ | | | | | | | | |
| Address | | | | SSN | | | | DL | | | | | | | | | | | | |
| Employer | | | | Department/Property | | | | | | | | | | | | | | | | |
| Suspect is Minor | <input type="radio"/> Yes | <input type="radio"/> No | Parent/Guardian Notified | <input type="radio"/> Yes | <input type="radio"/> No | By Whom | | Name of Notified | | Time | 12 | ▼ | : | 00 | ▼ | : | 00 | ▼ | AM | <input type="radio"/> PM |
| Identifying Information #2 | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> SU | <input type="radio"/> C | <input type="radio"/> W | Residence Phone | | Last Name | | First Name | | MI | | | | | | | | | | | |
| | | | Business Phone | | | | | | | | | | | | | | | | | |
| | | | DOB | 12 | ▼ | / | 30 | ▼ | / | 2000 | ▼ | | | | | | | | | |
| | | | Address | | | | | SSN | | | | DL | | | | | | | | |

FIG. 15B



Replacement Sheet

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| | | | | |
|---|---|----------------|---------------------|------|
| Employer | | | Department/Property | |
| Suspect is Minor | Parent/Guardian Notified | By Whom | Name of Notified | Time |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Identifying Information #3 | | | | |
| <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W | Last Name | First Name | MI | |
| Residence Phone | Business Phone | DOB | | |
| | | 12 / 30 / 2000 | | |
| Address | SSN | DL | | |
| | | | | |
| Employer | | | Department/Property | |

FIG. 15C



| | | | | |
|---|---|----------------------|----------------------|--|
| Suspect is Minor | Parent/Guardian Notified | By Whom | Name of Notified | Time |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text" value="12"/> : <input type="text" value="00"/> <input checked="" type="radio"/> AM <input type="radio"/> PM |
| <hr/> | | | | |
| Vehicle Info #1 | | | | |
| <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W | | | | |
| Year Towed | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Make | <input type="text"/> | | | |
| Model | <input type="text"/> | | | |
| Color | <input type="text"/> | | | |
| License Plate # | <input type="text"/> | | | |
| VIN | <input type="text"/> | | | |
| Vehicle Info #2 | | | | |
| <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W | | | | |
| Year Towed | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Make | <input type="text"/> | | | |
| Model | <input type="text"/> | | | |
| Color | <input type="text"/> | | | |
| License Plate # | <input type="text"/> | | | |
| VIN | <input type="text"/> | | | |
| Vehicle Info #3 | | | | |
| <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W | | | | |
| Year Towed | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Make | <input type="text"/> | | | |
| Model | <input type="text"/> | | | |
| Color | <input type="text"/> | | | |
| License Plate # | <input type="text"/> | | | |
| VIN | <input type="text"/> | | | |

FIG. 15D



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NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

FOLLOW-UP

Date

12

/

30

/

2000

Time

12

:

00

By Whom

☒ AM ☐ PM

submit

FIG. 15E

Replacement Sheet



II. THE COMPLAINANT - Check one: ☐ Tenant ☐ Visitor ☐ Contractor ☐ Employee:

Complete Sections I, II, VII & IX

Last Name: First Name: ☐ Male ☐ Female

Address: SSN:

City: State: Zip: Phone #: ()

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Physical Disabilities:

Age: Height: ' " Weight:

Pregnant? ☐ Yes ☐ No If yes, how many months 1 ☐

Does Complainant wear glasses? ☐ Yes ☐ No If yes, what kind

Place of Employment: Position:

Address:

City: State: Zip: Phone #: ()

FIG. 16B

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| | | |
|--|----------------------|-------------------------------|
| Driver's License # | State: | Date of Expiration : |
| <input type="text"/> | <input type="text"/> | <input type="text"/> /01/2000 |
| Vehicle Description: | License Plate # : | State: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Vehicle Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No | Insurance Company: | |
| Policy # | Policy Holder: | |
| <input type="text"/> | <input type="text"/> | |

III. FIRST AID (treatment Rendered to stabilize Complainant)

☐ Not Offered - why?

☐ Offered

By whom; why?

☐ Offer Declined

Hospital Name?

☐ Taken to Hospital

Taken by: ☐ Ambulance ☐ HFD Unit # Paramedic's Name

FIG. 16C



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☐ Self ☐ Other, Explain: _____

Taken at Whose Request? ☐ Complainant ☐ Other, Explain: _____

Emergency Contact Notified? ☐ Yes ☐ No ☐ N/A Name of Contact: _____

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

A. BEFORE the Incident

Carrying anything? ☐ Yes ☐ No If yes, what was being carried?

B. AFTER the Incident

Describe any visible injury or damage to clothing

| | | | |
|---|--|---|--|
| ◀ | | ▶ | |
| | | | |
| ◀ | | ▶ | |

Complainant's description of any injury and where on their body it's located

| | | | |
|---|--|---|--|
| ◀ | | ▶ | |
| | | | |
| ◀ | | ▶ | |

FIG. 16D

Replacement Sheet



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If unaccompanied, was someone responsible for the minor? ☐ Yes ☐ No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel *caused* the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses-do not assume any facts about the incident.

A. Description of the Incident Site

1. Type of Walkway:

☐ Floor ☐ Stairway ☐ Ramp ☐ Street ☐ Escalator ☐ Parking Lot ☐ Other-describe

2. Surface material:

FIG. 16F



- ☐ Carpet ☐ Vinyl tile ☐ Ceramic tile ☐ Terrazo ☐ Marble ☐ Quarry Tile ☐ Rug
 - ☐ Grass ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Metal ☐ Dirt ☐ Other-describe
-

3. Foreign substance present? (Soda, water, ice, snow, etc.) ☐ Yes ☐ No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



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(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks ☐ Yes ☐ No Substance on shoes or clothing ☐ Yes ☐ No

How did substance come to be on the floor?

5. Any other object involved? ☐ Yes ☐ No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? ☐ Yes ☐ No If yes, describe nature of condition

FIG. 16H



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Dimensions Debris present? ☐ Yes ☐ No If yes, describe

C. Lighting Conditions

1. ☐ Natural ☐ Artificial-describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

☐ Yes ☐ No If yes, explain

D. Weather Conditions

Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? ☐ Yes ☐ No How many?

FIG. 16I



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By whom?

Date & Time Taken Where are photos stored?

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A.

Name Address

City State

Zip

Phone#

What was this person's involvement with the incident?

FIG. 16J



His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

B. Name Address

City State

FIG. 16K



Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

◀

▶

▶

Describe any conversation this Witness had with the Complainant

◀

▶

▶

FIG. 16L

Replacement Sheet

Replacement Sheet



Terrace Security Corporation
Secured Reporting Console

Please enter your UserID and password to continue:

UserID 1720

Password 1730

1740

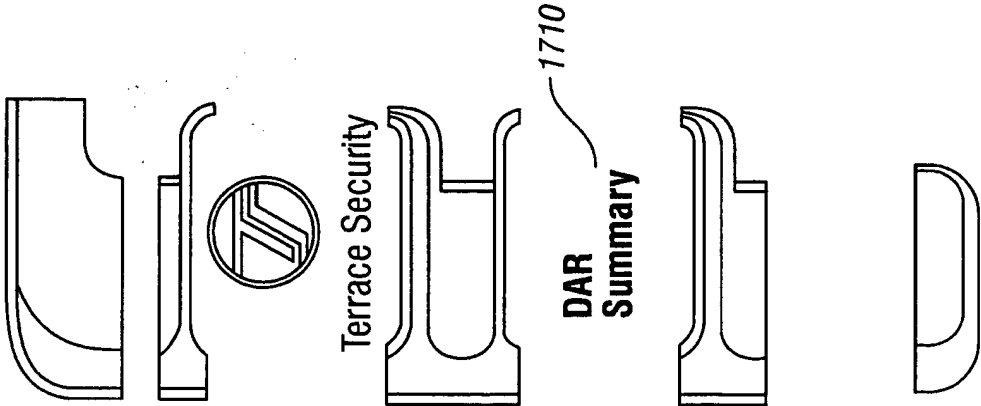



FIG. 17





Terrace Security

DAR Summary

Log Out

Terrace Security Corporation
Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

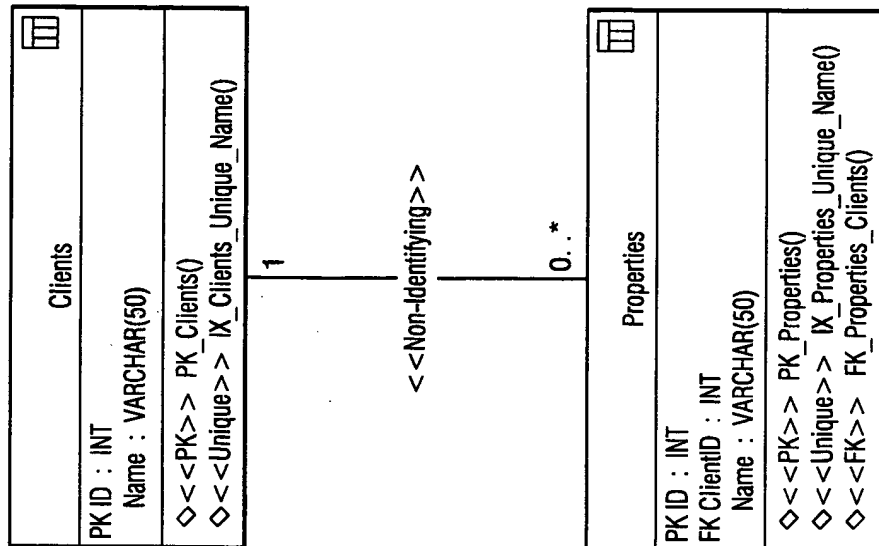
| Guard | Property | Date |
|-----------------|-----------------|--------------------|
| --All-- 1820 | --All-- 1830 | 12/20/2000 1840 |

Event Code

--All--
1850

Show
1860

FIG. 18



Database Diagram

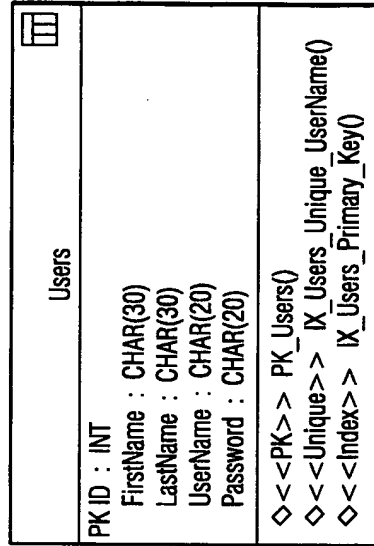


FIG. 19A

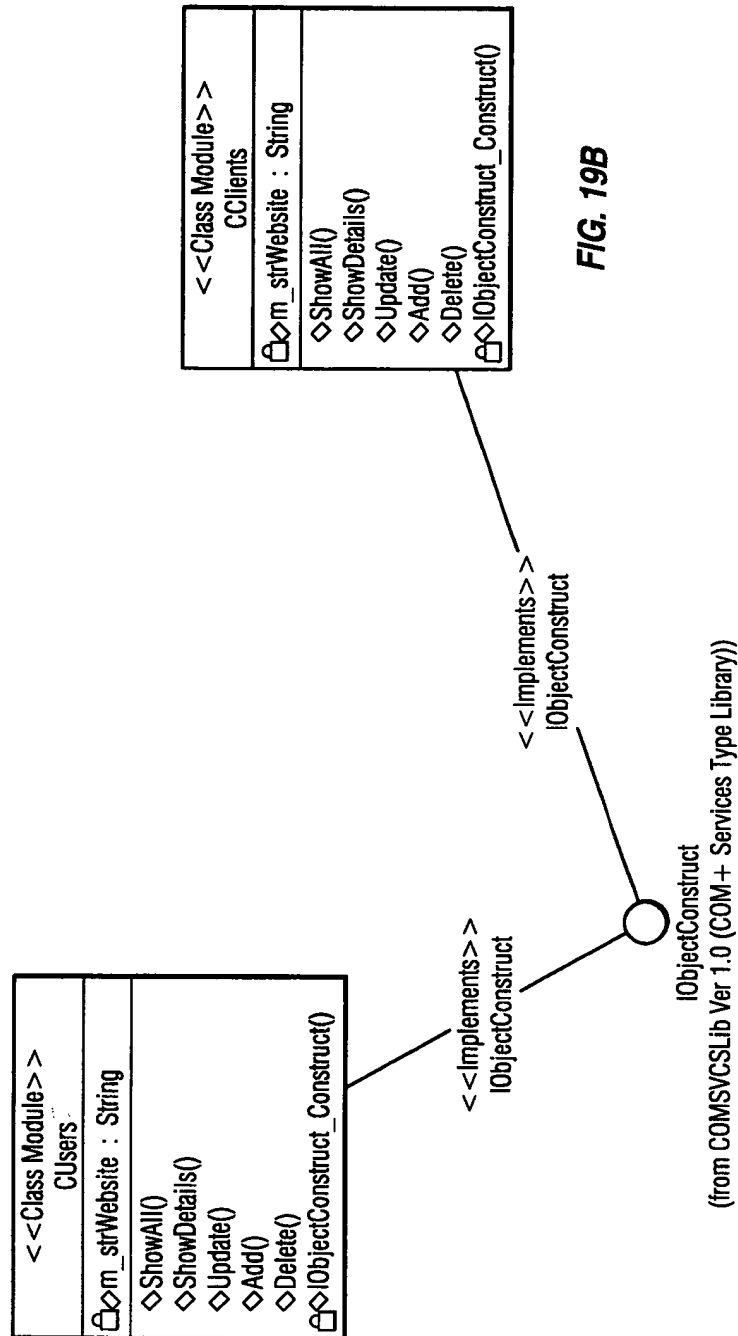


FIG. 19B

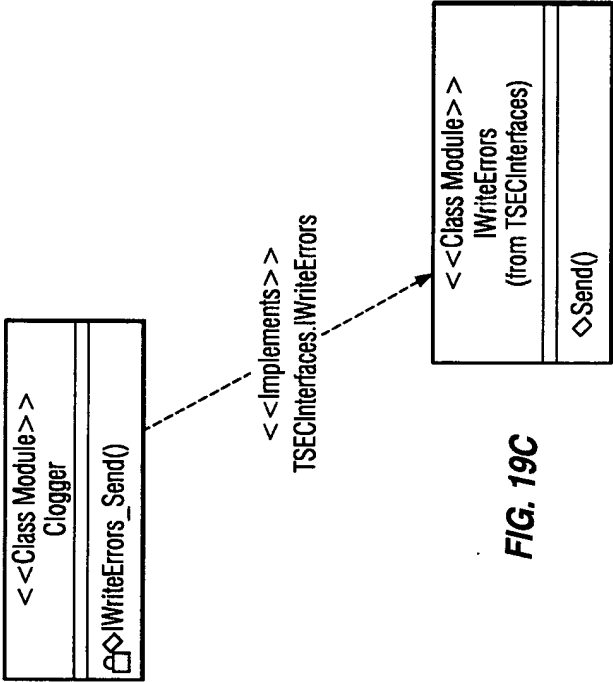


FIG. 19C

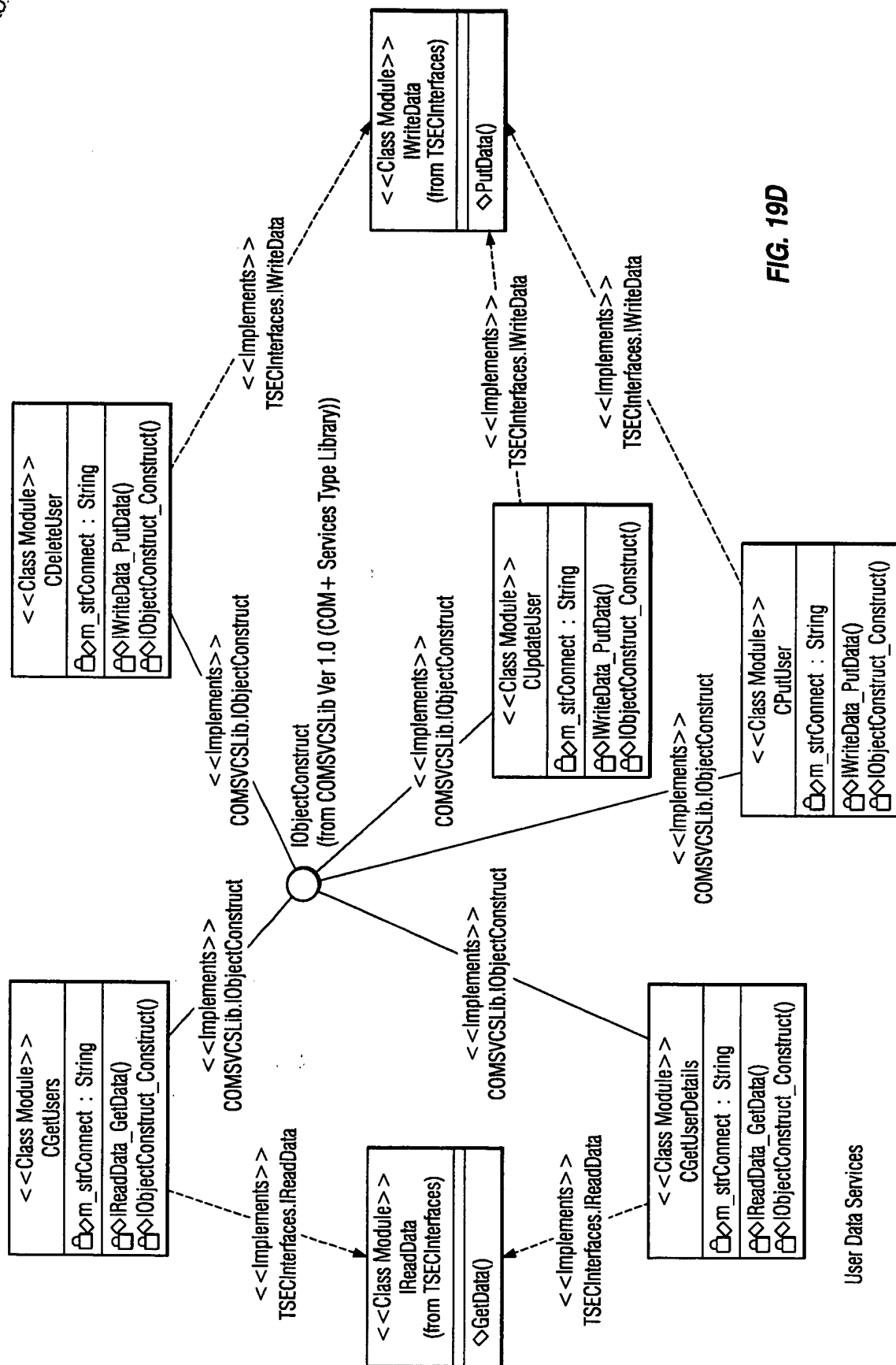


FIG. 19D

User Data Services

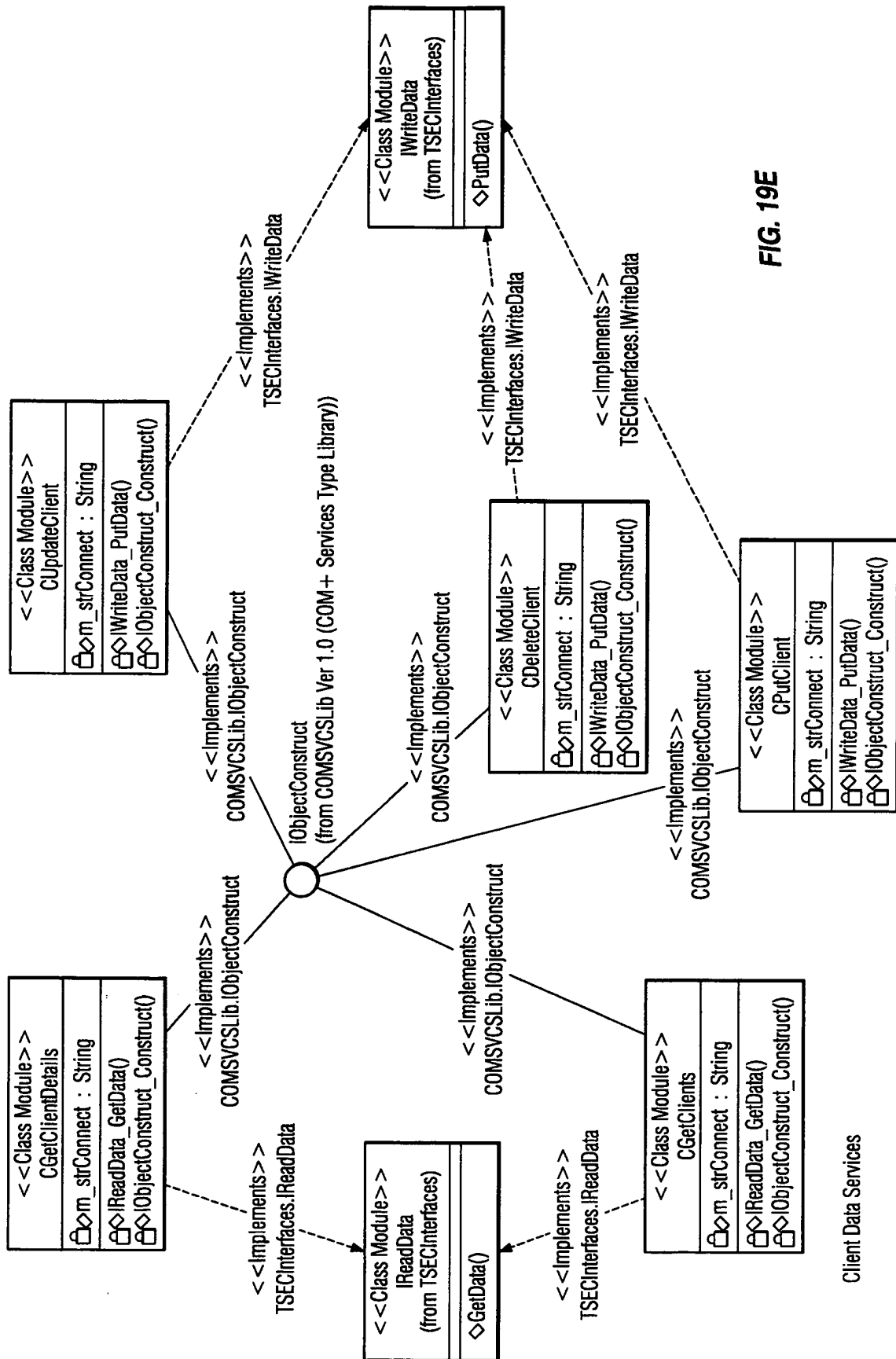


FIG. 19E

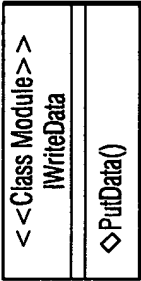
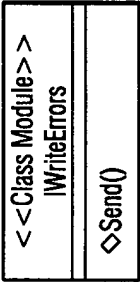
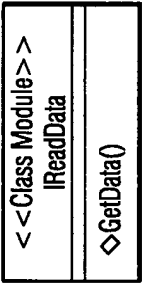
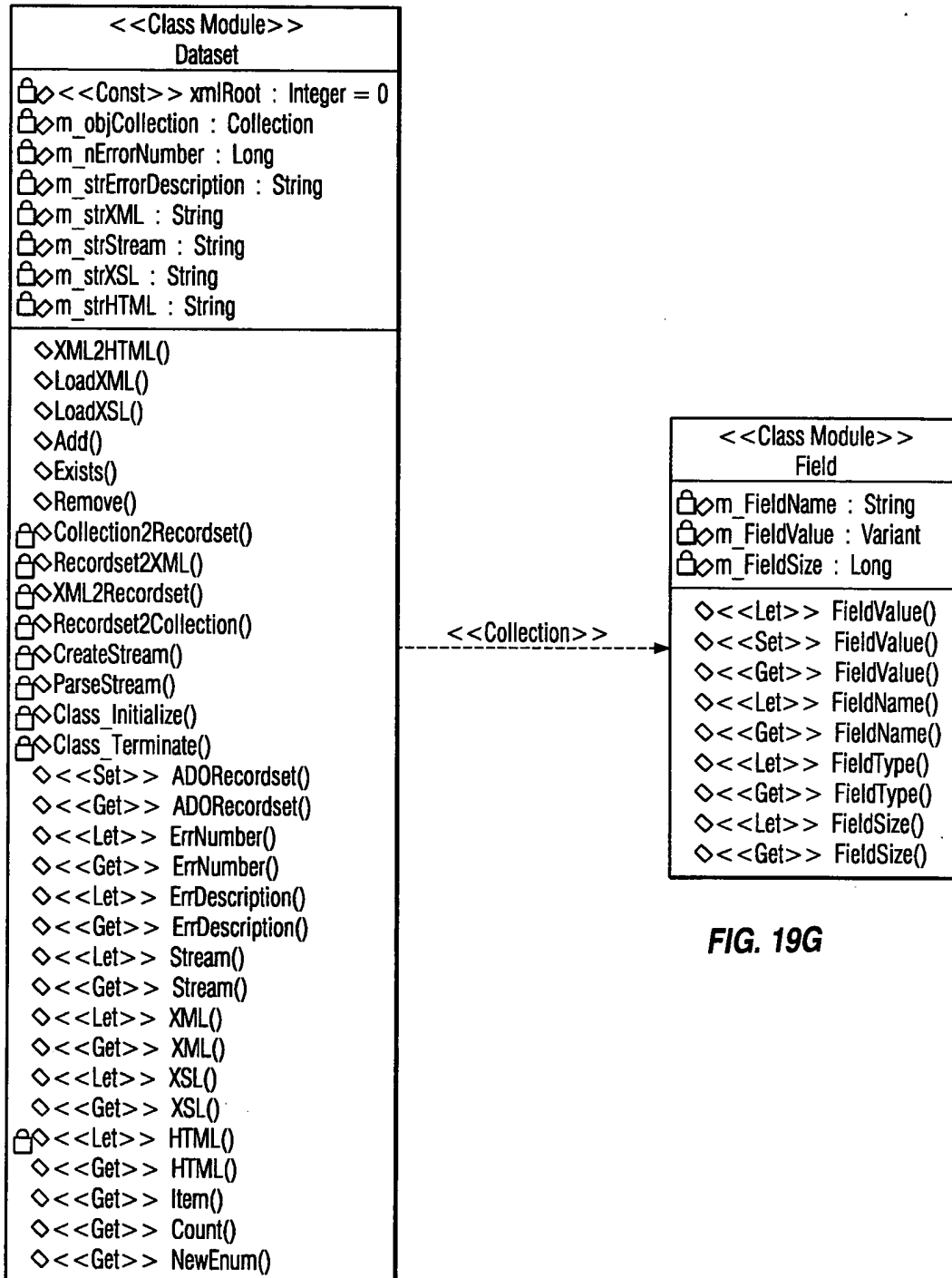


FIG. 19F





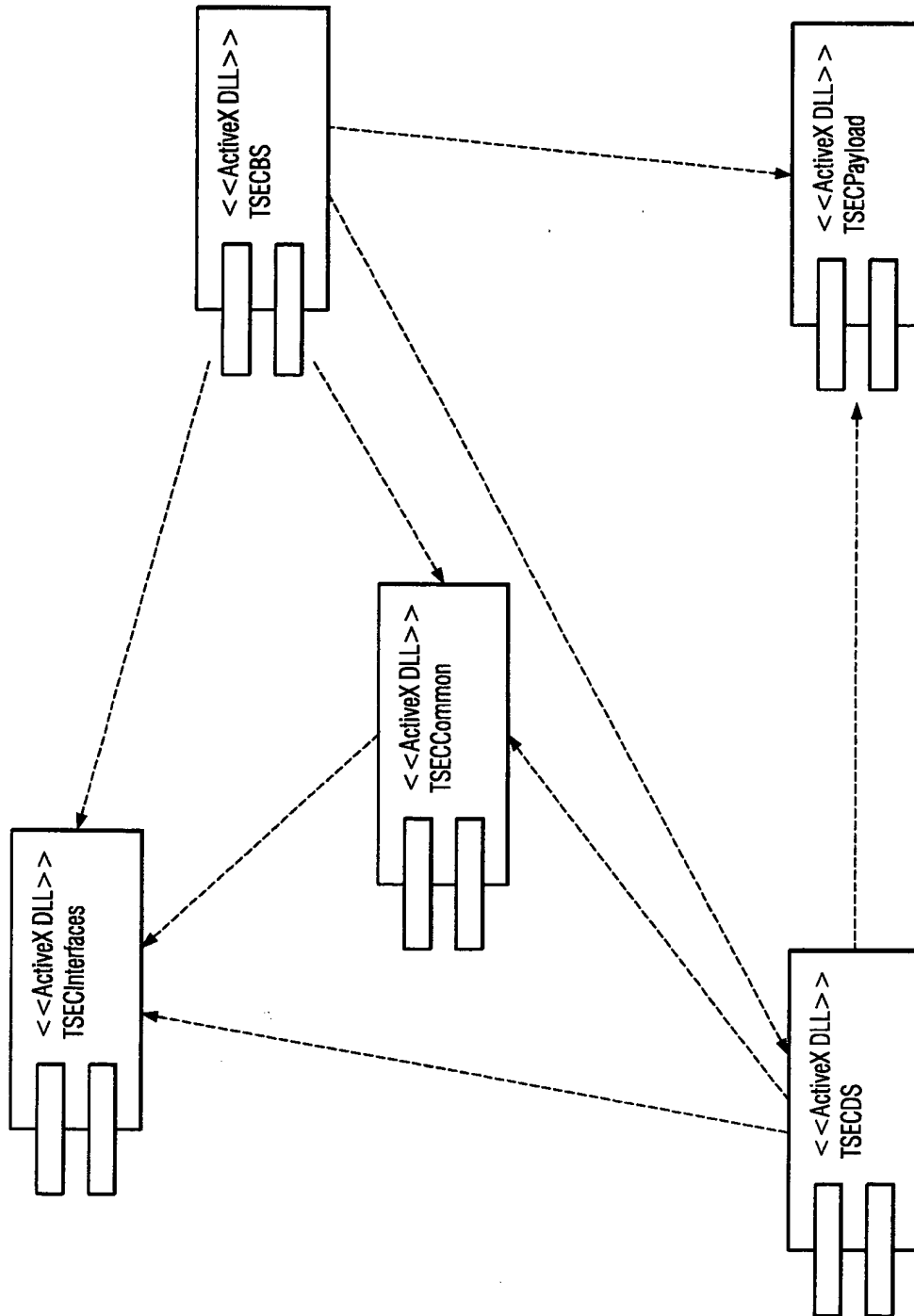


FIG. 19H

Component Diagram

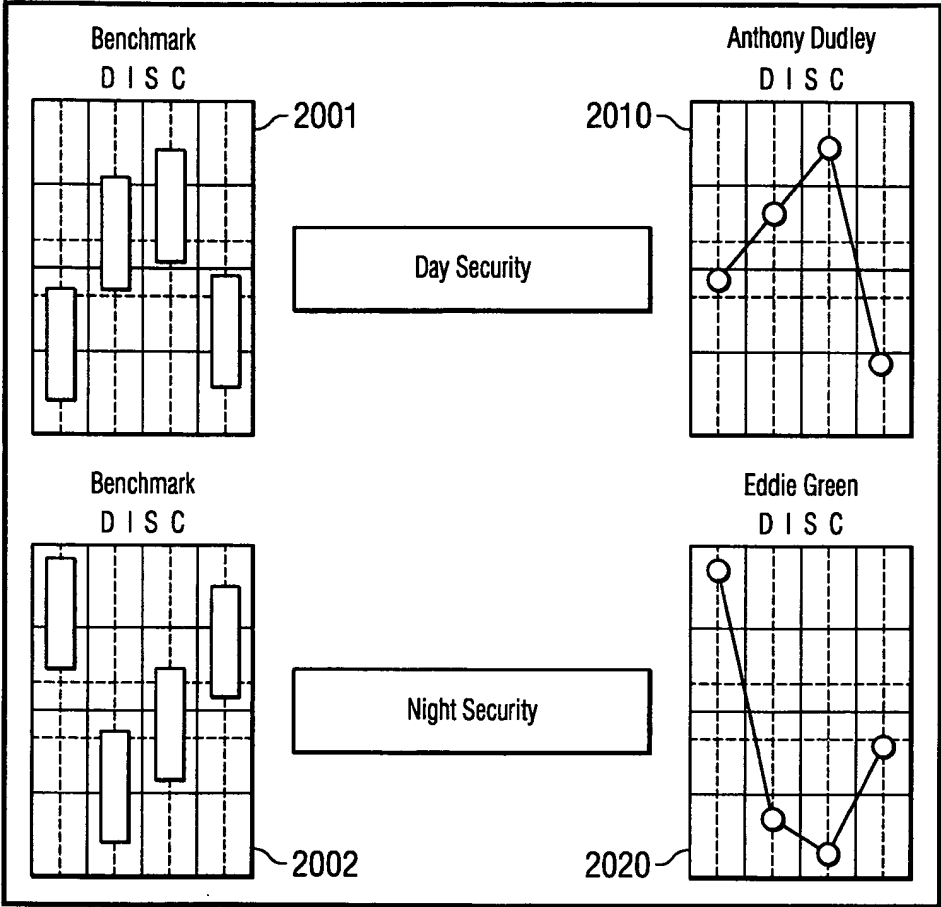


FIG. 20